PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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## UTILITY

22956-225 Attorney Docket No. Francois Binette et al. First Inventor

•	ENT APPLICATION RANSMITTAL	Title	CHONDROCYTE THERAPEUTIC DELIVERY SYSTEM							
(Only for new nonpr	ovisional applications under 37 CFR 1.53(b))	Expres	ss Mail Label No. EV 324852730US							
	PPLICATION ELEMENTS 600 concerning utility patent application con	ntents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450							
2. Applicant of See 37 CF 3. X Specification (preferred and and and and and and and and and an	trangement set forth below) strive title of the invention Reference to Related Applications ent Regarding Fed sponsored R & D nce to sequence listing, a table, emputer program listing appendix ound of the Invention ummary of the Invention escription of the Drawings (if filed) d Description s) ct of the Disclosure (35 U.S.C. 113) [Total Sheets]	5 ] 5 ]	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or ii. Paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. Assignment Papers (cover sheet & document(s))  10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney  11. English Translation Document (if applicable)  12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Statement (IDS)/PTO-1449 Citations  13. Preliminary Amendment  14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.							
٠٠ لـــــا	n Data Sheet. See 37 CFR 1.76	and aum	anly the mayinto information below and in the first sentence of the							
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:  Continuation Divisional Continuation-in-part (CIP) of prior application No.:  Prior application information: Examiner Art Unit:  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  19. CORRESPONDENCE ADDRESS										
Y Customer	00440		OR Correspondence address below							
Name    X   Customer Number:   021125   OR     Correspondence address below										
World Trade Center West 155 Seaport Boulevard										
City Boston State			MA Zip Code 02210-2604							
Country US Telephone		riephone								
Name (Print/T	уре) Jaspir Sagoo		Registration No. (Attorney/Agent) 51,177  Date Spr 8tt,2003							

PTO/SB/17 (08-03)

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FEE TRANSMITTAL	Complete if Known									
LEE IKANSMILIAL		Application Number TBA								
for FY 2003		Filing Date				Herewith				
		First Named Inventor				Francois Binette				
Effective 01/01/2003, Patent fees are subject to annual revision.		Examiner Name N/A								
Applicant claims small entity status. See 37 CFR 1.27		Art Unit N/A								
TOTAL AMOUNT OF PAYMENT (\$) 1,236.00		Attorney Docket No. 22956-225								
METHOD OF PAYMENT (check all that apply)	<u> </u>			FEE	CALCUL	ATION (co	entinued)			
	2 4	FEE CALCULATION (continued)								
Credit Card Order Other None 3. ADDITIONAL FEES  Deposit Account:										
Deposit		Entity		Entity	_					
Account 141149 Number	Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Description				
Deposit Account	1051	130	2051	65	Surcharge	– late filing fe	e or oath			
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge sheet.	urcharge – late provisional filing fee or cover				
Charge fee(s) indicated below X Credit any overpayments or	1053	130	1053	130		-English specification				
Charge any additional fee(s) during the pendency of this	1812		1812			ing a request for ex parte reexamination				
application	1804	920*	1804		Requesting	publication of	$\vdash \vdash \vdash$			
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805				Examiner a Requesting	ction publication o				
FEE CALCULATION	1251	110	2251	55	Examiner a	iction				
1. BASIC FILING FEE	1251	410	2251	205		for reply withing for reply wit				
Large Entity Small Entity	1253	930	2253	465		or reply within				
Fee Fee Fee Fee Description Fee Paid	1254	1,450	2254	725		. •	n fourth month	<b></b>		
Code (\$) Code (\$) 1001 750 2001 375 Utility filing fee \$750.00	1255	1,970	2255	985		or reply within				
1002 330 2002 165 Design filing fee	1401	320	2401	160	Notice of A		i mui montri			
1003 520 2003 260 Plant filing fee	1402	320	2402	160	,	ef in support o	of an appeal			
1004 750 2004 375 Reissue filing fee	1403	280	2403	140	-	r oral hearing	an appool			
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510		·	olic use proceeding			
SUBTOTAL (1) (\$) 750.00	1452	110	2452	55	Petition to r	to revive – unavoidable				
30D101AL (1) (\$) 730.00	1453	1,300	2453	650	Petition to r	n to revive - unintentional				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,300	2501	650	Utility issue	ssue fee (or reissue)				
Extra Fee from Claims below Fee Paid	1502	470	2502	235	Design issu	ie fee				
Total Claims 47 - 20 = 27 x 18 = \$486.00	1503	630	2503	315	Plant issue	fee				
Independent 3 - 3 = 0 x 84 =	1460	130	1460	130	Petitions to	the Commiss	sioner			
Multiple Dependent =	1807	50	1807	50	Processing	fee under 37	CFR 1.17(q)			
Large Entity Small Entity	1806	180	1806	180	Submission	of Information	on Disclosure Stmt			
Fee Fee Fee Code (\$) Fee Description	8021	40	8021	40	•	,	ssignment per			
1202 18 2202 9 Claims in excess of 20	1809	750	2809	375	Filing a sub		final rejection			
1201 84 2201 42 Independent claims in excess of 3					(37 CFR 1.		ation to be			
1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	375		additional invention to be (37CFR 1.129(b))				
1204 84 2204 42 ** Reissue independent claims over original patent	1801	750	2801		-		xamination (RCE)			
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	341111	Request for of a design	r expedited ex application	kamination			
and over original patent	Other	Other fee (specify)								
SUBTOTAL (2) (\$) 486.00	*Redu	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)								
**or number previously paid, if greater; For Reissues, see above										
SUBMITTED BY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					(Complete	(if applicable))			
Name (Print/Type) Jasbir Bagoo		stration No. hey/Agent) 51,177 Telephone 6			617 439-2994					
Signature						September 8, 2	2003			